

Foster Family Home - Corrective Action Report

Provider ID: 1-180061

Home Name: Yvette Dimaya, CNA

Review ID: 1-180061-2

91-1010 Niolo Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 3/22/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 3/22/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

David Ayling
Compliance Manager

Yvette Dimaya
Primary Care Giver

3/22/18
Date

3/22/19
Date